

TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

STD 262 (REV 10/92)

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CLAIMANT'S NAME Herb Schultz		SSAN OR EMPLOYEE NUMBER		DEPARTMENT Office of the Governor	
POSITION Senior Advisor to the Governor		CB/ID NUMBER		INDEX NUMBER	
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS State Capitol		TELEPHONE NUMBER	
CITY Sacramento	STATE California	ZIP 95814			

Nov-09		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES	AMOUNT	
05-Nov	3:30pm	Sacramento to Berkeley						17.03 24.46	Car Rental			0.00	67.03 24.46
06-Nov	8:00pm	Berkeley to Los Angeles						153.60	Air			0.00	153.60
10-Nov	2:50pm	Sacto to Orange County to San	123.82					205.14	Air; Car Rental	4.75		0.00	333.71
11-Nov		San Diego to San Jose	73.19 86.76					163.55	Air			0.00	247.74 250.31
12-Nov	12:00pm	San Jose to Sacramento						53.74	Car Rental	22.00 44.00		0.00	77.74 97.74
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
SUBTOTALS			210.58	0.00	0.00	0.00	0.00	650.49	0.00	48.75	0	0.00	0.00
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL

878.82 \$909.82

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

11/05 - Speak at health care dinner hosted by UC Berkeley (Berkeley, CA)

11/06 - Speaking at health care conference hosted by UC Berkeley (Berkeley, CA)

Speaking at Association of Black Cardiologists event (Los Angeles, CA)

11/10 - Lecture at UCI Medical School on health reform (Irvine, CA)

11/11 - Speaking to San Diego Regional Chamber health committee; Tour of Sharp Hospital

Tour of Rady's Children's Hospital; Tour of Palomar Pomerado (San Diego, CA)

11/12 - Speech at San José Silicon Valley Chamber of Commerce Go Well Summit (San Jose, CA)

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240869

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

pertaining to vehicle use

CL	DATE 1-25-10	SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT
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DATE 1/29/10
DATE